MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WE[illegible]

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4777 STATE FILE NUMBER 62-020757

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

FILED MAY 23 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis
Length of stay in 1b: 2 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DePaul Hosp
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St Louis
c. CITY OR TOWN: Overland
Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 2810 Wheaton
Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First James Middle O Last Million

4. DATE OF DEATH: Month May Day 9 Year 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 8/7/1878
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Confectionary
11. BIRTHPLACE (City and state or country): Clinton Ky
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Million
13b. MOTHER'S MAIDEN NAME: Martha Coghil
14. NAME OF HUSBAND OR WIFE: Winiferd Million

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic: No
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Winiferd Million 2810 Wheaton

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 10 yrs.
DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute gastroenteritis; Dehydration

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1952, to May 1962 and last saw her/him alive on May 9, 1962
Death occurred at 3:40 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert M. Launch, M.D.
22b. ADDRESS: 52 Moreland Plaza
22c. DATE SIGNED: 10 May 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5/12/1962
23c. NAME OF CEMETERY OR CREMATORY: Lake Charles
23d. LOCATION (City, Town, or county) (State): St Louis Mo

24. FUNERAL DIRECTOR ADDRESS: Ortmann F Home 9222 Lackland Overland Mo
25. DATE RECD. BY LOCAL REG.: MAY 10 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Al A Ortmann

Licensed Embalmer No. 3478

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.